

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>REPLACEMENTS LTD PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00427849</span> </div>
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on




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D D /

Y Y Y Y

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address PO Box 26029		Amount <div> <div>0.60</div> </div>	
City Greensboro	State NC	Zip Code 27420	<b>Transaction ID : SE.4691</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>
Purpose of Expenditure Photocopying of Voter Guide Bruce Davis		Category/ Type 004	
Name of Federal Candidate Davis, Bruce, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>0.60</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address PO Box 26029		Amount <div> <div>0.60</div> </div>	
City Greensboro	State NC	Zip Code 27420	<b>Transaction ID : SE.4692</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>
Purpose of Expenditure Photocopying of Voter Guide Deborah Ross		Category/ Type 004	
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>0.60</div> </div>		District: _____ State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		1.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Palmer, Gary, M, Mr.,

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPLACEMENTS LTD PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00427849	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Replacements, Ltd.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>		
Mailing Address <b>PO Box 26029</b>			Amount <b>0.60</b>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4693</b>		
Purpose of Expenditure Photocopying of Voter Guide Hillary Clinton		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>		
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>11466.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Replacements, Ltd.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>		
Mailing Address <b>PO Box 26029</b>			Amount <b>0.60</b>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4694</b>		
Purpose of Expenditure Photocopying of Voter Guide John McNeil		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>		
Name of Federal Candidate <b>MCNEIL, JOHN P, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Palmer, Gary, M, Mr.,

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Date

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**10 / 11 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPLACEMENTS LTD PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00427849	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>	
Mailing Address <b>PO Box 26029</b>		Amount <b>0.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4695</b>
Purpose of Expenditure Photocopying of Voter Guide Josh Brannon		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate Brannon, Josh, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>	
Mailing Address <b>PO Box 26029</b>		Amount <b>0.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4696</b>
Purpose of Expenditure Photocopying of Voter Guide Rick Bryson		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate Bryson, Rick, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>11</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPLACEMENTS LTD PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00427849	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>	
Mailing Address <b>PO Box 26029</b>		Amount <b>0.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4697</b>
Purpose of Expenditure Photocopying of Voter Guide Thomas Mills		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Mills, Thomas, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Replacements, Ltd.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>	
Mailing Address <b>PO Box 26029</b>		Amount <b>0.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4702</b>
Purpose of Expenditure Photocopying of Voter Guide Alma Adams		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>ADAMS, ALMA SHEALEY, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**(Schedule E)**PAGE 5 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPLACEMENTS LTD PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00427849	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>REPLACEMENTS LTD PAC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>	
Mailing Address <b>PO BOX 26029</b>		Amount <b>0.60</b>	
City <b>GREENSBORO</b>	State <b>NC</b>	Zip Code <b>27420</b>	Transaction ID : <b>SE.4698</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Purpose of Expenditure Photocopying of Voter Guide Pete Glidewell		Category/Type <b>004</b>	
Name of Federal Candidate Glidewell, Pet, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>5.40</b>

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